| AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                                                            | 1. CONTRACT ID CODE                                                                                                      |                                                                                      |       | PAGE OF PAGES                                  |  |
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| 2. AMENDME                                                                                                                                     | NT/MODIFICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3. EFFECTIV                                                                              | E DATE                                                                                                                     | 4. REQ                                                                                                                   | UISITION/PURCHASE REQ. NO.                                                           | 5. PR |                                                |  |
| 0001                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 03/17/2                                                                                  | 011                                                                                                                        |                                                                                                                          | RD-11-00657                                                                          |       | orac (ii applicatio)                           |  |
| 6. ISSUED BY                                                                                                                                   | CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                          | D LV SACO                                                                                                                  | 7. ADN                                                                                                                   | MINISTERED BY (If other than Item 6)                                                 | CODE  | NERL ESD LV SACO                               |  |
| NERL ESD LV SACO US ENVIRONMENTAL PROTECTION AGENCY ENVIRONMENTAL SCIENCES DIVISION PO BOX 93478 LAS VEGAS NV 89193-3478                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                                                            | NERL ESD LV SACO US ENVIRONMENTAL PROTECTION AGENCY ENVIRONMENTAL SCIENCES DIVISION PO BOX 93478 LAS VEGAS NV 89193-3478 |                                                                                      |       |                                                |  |
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| 8. NAME AND ADDRESS OF CONTRACTOR (No., street, county, State and ZIP Code)  RED ROCK CASINO RESORT SPA  ATTN (b) (4)  11011 W CHARLESTON BLVD |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                                                            | (x) 9A. AMENDMENT OF SOLICITATION NO.  9B. DATED (SEE ITEM 11)                                                           |                                                                                      |       |                                                |  |
| 7027977777<br>LAS VEGAS NV 891351402                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                                                            | × EF                                                                                                                     | MODIFICATION OF CONTRACT/ORDER NO<br>-11-V-000016                                    | 0.    |                                                |  |
| CODE 78                                                                                                                                        | 33599942                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | FACILITY CO                                                                              | DE                                                                                                                         | 0:                                                                                                                       | 2/09/2011                                                                            |       |                                                |  |
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| virtue of this                                                                                                                                 | EDESIGNATED FOR THE RECEIPT OF 0s a mendment you desire to change an offet tation and this amendment, and is received FING AND APPROPRIATION DATA (If required and the state of the state o | DFFERS PRIOF r already submit If prior to the op ruired)  ODIFICATION ( PURSUANT TO NGES | R TO THE HOUR AND DA tted, such change may be ening hour and date speci  Net  OF CONTRACTS/ORDERS  (Specify authority) THE | ITE SPE<br>made b<br>fied.<br>Inc<br>S. IT MC                                                                            | DIFIES THE CONTRACT/ORDER NO. AS DES                                                 | 82.4  | FER. If by nakes reference  40  ID IN ITEM 14. |  |
|                                                                                                                                                | appropriation date, etc.) SET FORTH  C. THIS SUPPLEMENTAL AGREEMEN  D. OTHER (Specify type of modification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | T IS ENTERED                                                                             |                                                                                                                            |                                                                                                                          | MINISTRATIVE CHANGES (such as changes in OF FAR 43.103(b).  TY OF:                   |       |                                                |  |
|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                                                            |                                                                                                                          |                                                                                      |       |                                                |  |
| DUNS Num<br>Delivery                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Organized by U                                                                           | to sign this document and                                                                                                  |                                                                                                                          | O copies to the issuing<br>olicitation/contract subject matter where feasible        |       |                                                |  |
| NATIONAI<br>3201 SUN                                                                                                                           | 2 RONMENTAL PROTECTION A L EXPOSURE RESEARCH LA NRISE AVENUE AS NV 89101 USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                                                                                            |                                                                                                                          |                                                                                      |       |                                                |  |
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|                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                          |                                                                                                                            | Kev                                                                                                                      | in Broadnax                                                                          |       |                                                |  |
|                                                                                                                                                | CTOR/OFFEROR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          | 15C. DATE SIGNED                                                                                                           | 16B. U                                                                                                                   | NITED STATES OF AMERICA                                                              |       | 16C. DATE SIGNED                               |  |
| (                                                                                                                                              | (Signature of person authorized to sign)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | _                                                                                        |                                                                                                                            |                                                                                                                          | (Signature of Contracting Officer)                                                   |       |                                                |  |

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| CONTINUATION SHEET | EP-11-V-000016/0001                       | 2    | 2       |

NAME OF OFFEROR OR CONTRACTOR

| ΛNO. | SUPPLIES/SERVICES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QUANTITY UNIT | UNIT PRICE | AMOUNT |
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|      | RTP FINANCE CENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |               |            |        |
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